

**Hospital Quality-Based Payment Program for PPR and PPC:
REFRESHER WEBINAR
Question and Answer
December 16, 2015**

Resources:

- HHSC PPE webpage: http://www.hhsc.state.tx.us/hhsc_projects/ECI/Potentially-Preventable-Events.shtml
- 3M Definitions Manuals can be accessed via <http://www.apdrdgassign.com> Username – TXHosp; Password – aprdrg004
- Questions? E-mail: MCD_PPR_PPC@hhsc.state.tx.us

#	Question	Answer
1	Since we can see only our hospital's data, and not the complete calculation, it is difficult to see how our specific hospital fits into the overall picture. Also to determine statewide thresholds or expected values we don't see the entire calculation it is difficult to understand only our one piece.	<p>Hospitals are able to see comparative performance based on actual-to-expected ratio. The latest file is for the fiscal year 2011 and 2012, that file can be found on the HHSC PPE webpage under the Data heading (URL at the top of this document).</p> <p>HHSC will also review the data related to this program and post as much as possible to the PPE webpage. This will ultimately include state norm files with instructions of calculation of expected rates.</p>
2	Due to the nature of psych hospitals reason for admission. The likelihood of readmission is high in a lot of cases. Is there a plan to exclude some diagnoses from Potentially Preventable Readmission (PPR) penalty?	This is accounted for in the methodology. It is important to note that the rates are developed at the patient level. This approach ensures that hospitals with differing case mixes are compared fairly.
3	Can hospitals access this information on a quarterly basis rather than yearly? This would allow more time to review and validate information before any penalties are imposed.	This is a great idea and several hospitals have the same request. HHSC will take this discussion internally.
4	How can you be sure that there are not other issues in the data?	<p>The issue that has been discovered in the data was related to POA. This has been identified and corrected. The data used for the analysis is data submitted by hospitals for payment. It is imperative that the hospitals submit clean and valid data when submitting a claim.</p> <p>The recent POA issue was not identified earlier because the process of evaluating POA data uses hospital aggregate data to assess that hospital's POA data quality. At the individual claim level, the data that was part of the POA issue were all technically coded with valid POA codes. Only when that data viewed was viewed in the aggregate did the problem</p>

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		become apparent. HHSC has taken steps to audit the data to catch this in the future.
5	If our hospital is chosen for an incentive how and when will we be notified?	We will be notifying hospitals in the Summer of 2016.
6	Why are Rural Hospitals excluded from the incentive payment but included in the penalty process?	Rural hospitals did receive an additional appropriation in the last legislative session. This appropriation was not tied to quality.
7	Is there a continuous medical and clinical reviews regarding the diagnosis that are considered Potentially Preventable Complications (PPCs). For Example: Obstetrical Hemmorage is considered a PPC and when a mother delivers a baby, hemmoraging will occur and, unfortunately, it is not necessarily preventable.	The methodology is regularly reviewed by A 3M panel of clinical experts. Feedback from the field is welcome, and HHSC will ensure that this feedback is forwarded to our contacts at 3M.
8	We are not aware of any other state penalizing based on POA. If that is true, why is Texas penalizing based on Present on Admission (POA)?	See response #10.
9	What kind of quality control have you done with the data?	The fee for service claims administrator has claims edits in place. MCOs also have claims edits in place. When data is transmitted to HHSC, there are also edits in place to ensure data integrity.
10	So does that mean there will be no penalty for POA for 2015?	The Texas Administrative Code Title 1, Part 15, Subchapter A, Division 35, §354.1446 state that HHSC “may” implement payment reductions in fiscal year 2015. Due to the recent POA issue, HHSC is not implementing the POA reduction in fiscal year 2015. The rules are currently being amended to clarify this.